

City of Watertown, Municipal Civil Service 245 Washington Street, Room 201B Watertown, NY 13601 (315) 785-7733

Civil Service use- approved titles only.

APPLICATION FOR TEMPORARY EMPLOYMENT

Title of Position

Answer all questions fully. Attach additional sheets and documents if needed to give complete information. An incomplete application may result in disapproval. A RESUME WILL NOT BE ACCEPTED AS A SUBSTITUTE. PLEASE PRINT OR TYPE 7. Check appropriate box: ____/____ 1. Social Security Number A. Were you ever dismissed or discharged Yes □ No □ from any employment for reasons other than lack of work or funds? 2. Legal Name: B. Did you ever resign from any employment Yes □ No □ rather than face dismissal? Last Name First Name M.I. C. Did you ever receive a discharge from the Yes □ No □ Armed Forces of the United States which was less than "Honorable", or which was issued Mailing Address (Can be PO Box #) under other than honorable circumstances? D. Have you ever been convicted of any Yes □ No □ City/State/Zip crime (felony or misdemeanor)? E. Have you ever forfeited a bail bond posted Yes □ No □ Phone Number (include area code) to answer any criminal charge (felony, misdemeanor or violation including traffic infractions)? Home: Other: Circle: work or cell F. Are you now under charges for any crime Yes □ No □ (felony, misdemeanor or violation including traffic LEGAL ADDRESS (if different from mailing address) infractions)? If you answered "YES" to any of the questions 5 A-F above, you must give specifics. (Attach additional page) If such explanation is insufficient, a Number/ Street/ City/ State/ Zip confidential investigation supplement will be sent to you. None of the above circumstances represents an automatic bar to employment. Each Email Address (Print Clearly) case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position(s) for which you are applying. 8. Driver's License # 3. Are you a citizen of the United States? Yes □ No □ If no, do you have the legal right to accept employment in the State of Issue:_____ Expiration Date:____ **United States?** Yes □ No □ Class: (Non-citizens may be required to produce I-151 or I-551 Alien Registration Cards.) 9. License and/or Certification: 4. Are you at least 18 years of age: Yes □ No □ Is this certification permanent? Yes \square No \square **UNDER 18 MUST SUBMIT A WORK PERMIT.** Skill, Trade or 5. Education: Do you have a High School Diploma? Profession: Yes □ If yes, name of school: License/Certificate#:____ Year graduated: _____ Name of Issuing Agency: If no, anticipated date of graduation: No □ _____ To: ____ If you have received a GED: FOR CIVIL SERVICE USE ONLY Issuing Authority: DATE RECEIVED Date of Issue:_____ ☐ Approved 6. Education Above High School: ☐ Conditional ☐ Disapproved Name of School: Location (City/ State): Reason: Course or Major: ___ Received by: _____ Degree Received: AAS BS/BA MA (Circle One)

Work Experience:	
Listing your most recent job first, please describe all duties performed for all positions held. To receive credit for a job, you must complete all information requested, including job title, employer and supervisor's name and address, duties, specific dates (month/year) and hours per week. You may also attach additional sheets as necessary, but please be sure to include all information as requested on this form. A RESUME WILL NOT BE ACCEPTED AS A SUBSTITUTE. Incomplete applications will be returned.	
Job Title: Start [Date: End Date: Hours/Week:
	Supervisor's Name:
Employer's Address & Phone:	
Duties:	
Earnings: \$ Reason for leaving:	
Work Experience: (Continued)	
Job Title: Start I	Date: End Date: Hours/Week:
Employer's Name:	Supervisor's Name:
Employer's Address & Phone:	
Duties:	
Earnings: \$ Reason for leaving:	
Work Experience: (Continued)	
Job Title: Start I	Date: End Date: Hours/Week:
Employer's Name: Supervisor's Name:	
Employer's Address & Phone:	
Duties:	
Earnings: \$ Reason for leaving:	
FAILURE TO SIGN APPLICATION WILL RESULT IN DISAPPROVAL	
CONSTITUTIONAL OATH (Signing the constitutional oath is required) I do hereby pledge and declare that I will support the Constitution of the United States and the Constitution of the State of New York, and I will faithfully discharge the duties of the position specified on this application according to the best of my ability.	ALL STATEMENTS ARE SUBJECT TO VERIFICATION. IT IS A CRIME, PURSUANT TO SECTION 210.45 OF THE NEW YORK STATE PENAL LAW, TO KNOWINGLY MAKE A FALSE STATEMENT HEREIN. MIS- REPRESENTATIONS MAY CONSTITUTE CAUSE FOR DISQUALIFICA-TION OR SUBSEQUENT DISCHARGE FROM EMPLOYMENT. THIS DECLARATION MUST BE COMPLETED: I declare, subject to the penalties of law, that the statements made in this application (including any accompanying papers) are true and complete to the best of my knowledge. I authorize the City of Watertown to contact school/college and former employers cited in this application or attachments in order to verify work record and/or educational credentials. I understand that acceptance of this application by the City of Watertown does not constitute or imply a commitment or willingness to offer employment to me in this or any other position.
SIGNATURE:	SIGNATURE: Date:
Date:	

Indicate any other surnames (last name) by which you are or have been known.